County: St. Croix KINNIC LONG TERM CARE		Facility ID: 7580	
1663 EAST DIVISION STREET			
RIVER FALLS 54022 Phone: (715) 426-6000	1	Ownership:	Nonprofit Church-Related
			Skilled
Operated from 1/1 To 12/31 Days of Operation:	••	Highest Level License:	
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	68	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	68	Average Daily Census:	66
Number of Residents on 12/31/00:	66	0 0	

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	36. 4 34. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10. 6	More Than 4 Years	28. 8
Day Servi ces	No	Mental'Illness (Org./Psy)	27. 3	65 - 74	6. 1		
Respite Care	No	Mental Illness (Other)	3. 0	75 - 84	27. 3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 9	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	12. 1	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	3. 0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	1. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	18. 2	65 & 0ver	89. 4	[	
Transportation Transportation	No	Cerebrovascul ar	21. 2			RNs	7. 5
Referral Service	No	Di abetes	3. 0	Sex	%	LPNs	8. 4
Other Services	No	Respi ratory	3. 0			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	19. 7	Male	16. 7	Aides & Orderlies	29. 6
Mentally Ill	No			Female	83. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No	*******	****	******	100.0	******	****

## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)						rivate	ivate Pay		Managed Care			Percent				
			Per Die			Per Die			Per Die			Per Diem			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int Chilled Cone					6.0	0194 04						\$0.00		0.0	\$0.00		A E0/
Int. Skilled Care	0	0.0		3	6.3	\$124.94	0	0. 0	\$0.00	.0	0.0		0	0.0		_3	4. 5%
Skilled Care	3	100. 0	\$278. 07	38	79. 2	\$106. 79	0	0. 0	\$0.00	15	100. 0		0	0. 0	<b>\$0. 00</b>	56	84. 8%
Intermedi ate				7	14.6	\$88. 63	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	7	10. 6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		48	100. 0		0	0.0		15	100.0		0	0.0		66	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons	, Services	, and Activities as	of 12/31	1/00
beachs builing kepoliting lellou		1		% Ne	edi ng			Total
Percent Admissions from:		Activities of	%		ance of	% Totally		umber of
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent		Two Staff	Dependenť	Re	esi dents
Private Home/With Home Health	4. 4	Bathi ng	0.0	8-	4. 8	15. 2		66
Other Nursing Homes	14. 7	Dressi ng	12. 1	6	9. 7	18. 2		66
Acute Care Hospitals	<b>75.</b> 0	Transferri ng	34. 8		7. 0	18. 2		66
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 2		9. 1	19. 7		66
Reĥabilitation Hospitals	0.0	Eating	71. 2	2:	2. 7	6. 1		66
Other Locations	1. 5	**********	******	*****	******	********	******	*****
Total Number of Admissions	68	Continence			ecial Trea			%
Percent Discharges To:		Indwelling Or Extern	al Catheter	6. 1	Recei vi ng	Respiratory Care		15. 2
Private Home/No Home Health	13. 6	Occ/Freq. Incontinen	t of Bladder			Tracheostomy Care		0. 0
Private Home/With Home Health	13. 6	Occ/Freq. Incontinen	it of Bowel			Sucti oni ng		0. 0
Other Nursing Homes	3. 0					Ostomy Care		3. 0
Acute Care Hospitals	13. 6	Mobility_	_			Tube Feeding	_	0. 0
Psych. HospMR/DD Facilities	1.5	Physically Restraine	ed	<b>4</b> . 5	Recei vi ng	Mechanically Altered	Diets	25. 8
Rehabilitation Hospitals	3. 0							
Other Locations	3. 0	Ski n Care				nt Characteristics		
Deaths	48. 5	With Pressure Sores				ce Directives		28. 8
Total Number of Discharges		With Rashes			di cati ons			
(Including Deaths)	66			]	Recei vi ng	Psychoactive Drugs		62. 1
***********	*****	*********	******	*******	*****	********	******	<**********

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Nonprofit		50-99		Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 1	87. 8	1. 11	87. 3	1. 11	84. 1	1. 15	84. 5	1. 15
Current Residents from In-County	43. 9	82. 6	0. 53	80. 3	0. 55	83. 5	0. 53	77. 5	0. 57
Admissions from In-County, Still Residing	14. 7	25. 9	0. 57	21. 1	0. 70	22. 9	0.64	21. 5	0. 68
Admissions/Average Daily Census	103. 0	116. 8	0. 88	141.8	0. 73	134. 3	0. 77	124. 3	0.83
Discharges/Average Daily Census	100. 0	117. 3	0. 85	143. 0	0. 70	135. 6	0. 74	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	27. 3	43. 9	0. 62	<b>59. 4</b>	0.46	53. 6	0. 51	49. 9	0. 55
Residents Receiving Skilled Care	89. 4	91. 3	0. 98	88. 3	1.01	90. 1	0. 99	83. 3	1.07
Residents Aged 65 and Older	89. 4	97. 1	0. 92	95. 8	0. 93	92. 7	0. 96	87. 7	1.02
Title 19 (Medicaid) Funded Residents	72. 7	<b>56. 2</b>	1. 29	57. 8	1. 26	63. 5	1. 14	69. 0	1.05
Private Pay Funded Residents	22. 7	37. 5	0. 61	33. 2	0. 68	27. 0	0.84	22. 6	1.01
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	30. 3	36. 3	0.83	32. 6	0. 93	37. 3	0. 81	33. 3	0. 91
General Medical Service Residents	19. 7	21. 1	0. 94	19. 2	1.03	19. 2	1. 02	18. 4	1.07
Impaired ADL (Mean)	44. 2	50.8	0.87	48. 3	0. 92	49. 7	0.89	49. 4	0. 90
Psychological Problems	62. 1	<b>50.</b> 0	1. 24	47. 4	1. 31	50. 7	1. 22	50. 1	1. 24
Nursing Care Required (Mean)	7.4	6.8	1. 09	6. 1	1. 22	6. 4	1. 15	7. 2	1.03